

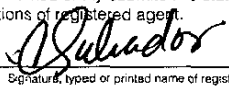
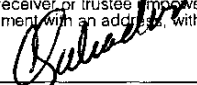


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90010 008 ***150.00

DOCUMENT # P02000031714 1. Entity Name I.C. REHAB SPECIALTY SERVICES, CORP.					
Principal Place of Business 5574 W. FLAGLER ST. MIAMI, FL 33134			Mailing Address 5574 W. FLAGLER ST. MIAMI, FL 33134		
2. Principal Place of Business 11402 NW 41 ST. Suite, Apt. #, etc. #229		3. Mailing Address 11402 NW 41 ST. Suite, Apt. #, etc. #229		<div style="font-size: 24px; font-weight: bold;">54032292</div> 	
City & State EL DORAL FL.		City & State EL DORAL FL.		4. FEI Number 03-0410796	
Zip 33178		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVADOR, CARMEN 5574 W. FLAGLER ST. MIAMI, FL 33134				7. Name and Address of New Registered Agent Name SALVADOR CARMEN Street Address (P.O. Box Number is Not Acceptable) 11402 NW 41 ST. #229 City EL DORAL FL Zip Code 33178	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> CARMEN SALVADOR REGISTERED AGENT </div> <div style="width: 25%; text-align: right;"> 02/25/04 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME SALVADOR, CARMEN	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME SALVADOR, CARMEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5574 W. FLAGLER ST.	CITY-ST-ZIP MIAMI, FL 33134		STREET ADDRESS 11402 NW 41 ST #229	CITY-ST-ZIP EL DORAL FL. 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			CARMEN SALVADOR PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 02/25/04 (505) 507-5450 <small>Daytime Phone #</small>		